Combat on Many Fronts: Provider Perspective

Written Video Transcript

Hello, I'm Dr. Richard Carmona, the United States Surgeon General. [00:01.40.00] It's an honor to welcome you to this program on Hispanic-American veterans and post-traumatic stress disorder. The military taught me accountability, responsibility and respect. And my military experience has continued to influence my life in many positive ways. But I've also seen how the lives of our men and women in uniform can be profoundly affected [00:02.00.00] by traumatic events. Trauma, and in its wake PTSD, can occur in anyone regardless of religion, race or ethnicity. It does not discriminate. I served in Vietnam in a Special Forces unit. I'm also an ex-cop and I've worked as a paramedic and a trauma surgeon. I'm telling you all this because for generations people like me [00:02.20.00] have been told that we have to act tough. Today we're saying it's okay to talk to someone about what you're thinking or how you're feeling or if you're hurting. We are attacking the stigma that tough men and women can't seek help. They can and they should. Since the beginnings of our great nation Hispanic-Americans have sacrificed their lives in every war. They have faced many wars, [00:02.40.00] both on and off the battlefield. Many have faced the battle with PTSD. Veterans manifest and try to cope with PTSD in a variety of ways. Some experience the emotional distress of PTSD and just try to tough it out. For others their emotional distress manifests in physical problems. [00:03.00.00] Many use drugs or alcohol in a futile attempt to manage their symptoms. Some veterans are treated by medical and mental healthcare professionals. The reality is that many veterans suffer from PTSD and psychiatric and mental comorbidities. Problems such as depression, panic disorder, obsessive compulsive disorder, [00:03.20.00] hypertension, diabetes and chronic pain are common. And many veterans continue to suffer unnecessarily in silence, avoiding treatment, afraid to trust the system, or afraid that asking for help will bring dishonor to their families or themselves. This is especially true in Hispanic community. Many feel that they don't know how to handle [00:03.40.00] their emotional distress and physiological hyperarousal, their own war within. You as treatment providers are our veterans' hope for getting the help they need. Each and everyone has given of themselves. I am confident that this program will offer you important perspectives into the Hispanic-American's experience of PTSD. [00:04.00.00] Thank you for always giving your best to our nation's veterans.

[Spanish] So, I guess the time has finally come for us to see what we're made of. [00:04.20.00] Who will crack when the stress level rises and who will be calm all the way through it. Only time will tell. Mother, I love you so much. I'm not going to give up. I'm living my life one day at a time, sitting here picturing home with a small tear [00:04.40.00] in my eyes. Spending time with my brothers who will hold my life in their hands I try not to think of what may happen in the future. But I can't stand seeing it in my eyes. It's going to be murders, funerals and tears rolling down everyone's eyes. The

only thing [00:05.00.00] I can say is keep my head up and try to keep safe and pray for better days. [00:05.20.00]

Hello, I'm (Reese Valdez), playwright, director, activist. I just read part of a letter from a 19 year old Latino-American immigrant summoning his courage to fight in Iraq. But this letter, written by Diego Fernando (Rincorn) and published [00:05.40.00] in the Washington Post could have been sent from any war throughout history. It brings to light this young soldier's love of family, duty, his country and his military brothers. We'll be meeting other Latino patriots like Diego. These photos are part of the historical displays at [5:58] Playhouse. [00:06.00.00] This theater I founded was used in the 1960s to bring attention to the plight of the California migrant workers. Since then I directed many films and theatrical productions, including Zoot Suit, based on the Zoot Suit Riots during World War II. That play and movie set in the 1940s raised awareness about the riots and racial tension [00:06.20.00] between white sailors and soldiers and Mexican-American youth gangs. I'm here today to help bring awareness to the plight of Hispanic veterans with post-traumatic stress disorder. We want to help you to understand the many war fronts and prejudice our Latino veterans may have faced. As mental health [00:06.40.00] and medical providers, we hope you will become more culturally sensitive to the needs of these veterans. Today you're going to hear from many Hispanic veterans who say they want to be treated like anyone else, with (respecto) or as we say in English, respect. [00:07.00.00] However you say it Latinos, (Chicano), Hispanic, we're a wonderfully diverse group. Our Hispanic veterans trace their roots from a number of continents, such as North America, South America and Western Europe from countries such as Mexico, [00:07.20.00] Cuba, Puerto Rico, Argentina and Spain. Some are recent immigrants. Others can trace their family tree back 300 years or more in this country.

We are proud of a Latino identity in the sense of the language and family [00:07.40.00] traditions and so forth. but there are differences, just the way the Irish are different from the English and different from the Italians and are different from the French. And they're all European but they certainly have their own identity, specific identity. It's the same way with Latinos.

So, we're a population in flux right now and growth (flux). [00:08.00.00] A culture is lost when they're totally assimilated into the greater society. But what keeps a culture alive is food, music, family, religion, and we have that steady influx all the time. [00:08.20.00]

Latino-Americans have roots from various continents and include all racial, social, cultural and economic backgrounds. According to the latest U.S. Census Bureau Hispanics are now the nation's largest minority. Compared with Anglo-Americans Hispanic veterans are 30% more likely to experience PTSD [00:08.40.00] yet they're much less likely to come to the VA hospital's outpatient clinic or to vet centers for services. This program is intended to help change this.

You know, today we're doing this program on Hispanic veterans because in some ways it's a group that's been unsung. It's a group that we really haven't been able to reach out to. [00:09.00.00] There have been attempts by the VA and for sure many attempts by the Vet Center. And we do have some Hispanic veterans coming to access our services but the reality of it is that most do not.

The number of Hispanics in the military has been growing by 3% a year. [00:09.20.00] More than 100,000 Latinos are now in uniform, the highest minority serving in the armed forces. Many Hispanic families have a longstanding tradition of military service and several Latinos have risen to high ranks in our military.

Hispanics have been playing a major role [00:09.40.00] in serving our country through the military and I think many times it's overlooked. And for most of us Latinos, Hispanos, we have [9:51] we're very proud of our service to country. And I think that that focus, focusing in on the positive [00:10.00.00] contribution to country and helping them with their issues is part of the treatment and part of the milieu that the VA should be providing to all veterans.

Throughout our history, dating even prior to the revolutionary War, Latinos have contributed greatly to America's culture, [00:10.20.00] its freedoms and military excellence. Usually their efforts have gone unrecognized. F or example, ships from Spain helped defeat the British at sea during the Revolutionary War and Spanish troops led by General Bernardo [10:37] kept the British from entering the colonies from the West. [00:10.40.00]

Bernardo (de Galvas) was really a Spanish governor representing the government of Spain and working out of New Orleans. What Americans have not read in their history books until we have started to point this out is that Bernardo (de Galvas) in a sense kept the British troops [00:11.00.00] away from the revolutionaries.

During the Civil War Hispanics fought on both sides, and many may be surprised to know that the Navy's first four star admiral from the Civil War, David Farragut, had Spanish roots. His father, Jorge, was part of the Spanish contingent fighting the Revolutionary War. [00:11.20.00]

In a very famous battle the iron-clad ship was shooting at all of the Northern troops' ships. David Farragut said, "Damn the torpedoes, full steam ahead." In those days torpedoes were floating barrels of dynamite. David ran in there with a wooden vessel and [00:11.40.00] took over this iron-clad (Tennessee) vessel and won the war in this big battle.

And in the Mexican-American War there were Hispanic Americans who fought against Mexico. Rarely is it mentioned that seven Latino Americans died in the battle over the Alamo alongside more noted American [00:12.00.00] James Bowie. Hispanic-Americans

have fought bravely in all U.S. wars. And when on foreign soil many times they were fighting for the rights and freedoms of others that they didn't experience here at home.

They serve their country and they serve it proudly and they have a high sense of patriotism. But there is [00:12.20.00] issues in terms of the things that they (perceive), for example, (raised in this) society. And they're fighting for democracy for other countries and often times the communities don't have it within this country.

In World War I, many Latinos were sent to training camps to learn English before they could fight. But others who could speak English [00:12.40.00] faced the toughest battles in Europe. In World War II it's estimated that over a quarter million Hispanics served our country. A large contingent of Hispanics lost their lives during the Bataan Death March in the Philippines. Many of these were National Guard troops from New Mexico.

During that march the Japanese [00:13.00.00] bayoneted and killed any Americans who couldn't make the march. So, from 16,000 who were captured only about 10,000 made it. The rest were killed along the way. A lot of them we know today were Hispanics.

Today there's a museum in Santa Fe, New Mexico honoring these Latino peoples. Another [00:13.20.00] true patriot, [13:23] helped capture 1,000 Japanese troops on the island of Saipan. He learned to speak fluent Japanese from his foster parents, and through clever propaganda and dialogue tricked the enemy into surrender.

Later a movie was made about his bringing in a thousand, called [00:13.40.00] From Hell to Eternity. It starred a guy who did not look at all like him, 6' light colored Italian-American. Guy was about a 5'6" Chicano, dark featured, and he was the hero of this event in Saipan.

Despite these [00:14.00.00] heroic efforts in World War II, Hispanic war veterans returned to suffer prejudice at home. This [Spanish] or Spanish folk ballad has to do with Latinos coming home as war heroes only to face discrimination in their own country.

[Spanish] [00:14.20.00]

Back in 1949, the body of Felix (Longoria), a Mexican-American soldier, was denied a proper burial. [00:14.40.00] The director of the funeral home told this Texas family, local whites would not like it. With strength of conviction Dr. Hector Garcia, with the help of then Senator Lyndon Johnson, took on the battle to make sure (Longoria) received a proper burial at Arlington National Cemetery. [00:15.00.00]

This man, Hector Garcia, is a legend for fighting for the rights and civility that was due military veterans of all races. Today the GI (four) which he was a founder of is inclusive of all minorities, anybody (mistreated). And it is [00:15.20.00] a great institution in our nation.

During the Korean War a proud history of Latino patriotism continues. The Puerto Rican 65th infantry regiment and all Latino combat units served with distinction. Among its many honors, the 65th unit was awarded [00:15.40.00] a presidential unit citation for its nine major battles during the three year period. This same dedication carried forward during the Vietnam conflict. Nearly 80,000 Hispanic-Americans served in the war. And although Latinos made up less than 5% of the U.S. population at the time they incurred more than [00:16.00.00] 19% of the casualties. Thirteen Hispanic soldiers received the Medal of Honor during the Vietnam era. Among them was Roy (Benavedes) recognized for his heroic rescue of trapped American forces in May of 1968.

It is said by his family and other accounts he had [00:16.20.00] over 55 combat wounds. He had actually had stabs in the back fighting in hand to hand combat. It's amazing how he lived.

Today the Congressional Medal of Honor has been awarded to over 3,400 recipients, 42 are Hispanic-Americans. It is time for American history to recognize the sacrifice [00:16.40.00] of all Latinos in our nation's freedom.

What happens when Latino patriots meet the ravages of war and how do they cope with its aftermath? To answer this question we need to understand each veteran's [00:17.00.00] experience in the context of a number of interrelated perspectives or warfronts. First, we must keep in mind Latino-Americans' history as a people in our country's sociopolitical economic systems, a history that has often been marked by prejudice.

They've always separated the discrimination that they may have faced [00:17.20.00] or the stereotypes from the jobs that they had to do. And they're proud of their role as soldiers and they're proud of what they've contributed to this country.

The second front, Latino vets have struggled for equal treatment in the military. Many were exposed to the worst in combat or unfairly denied promotions. They may also have been subjected [00:17.40.00] to discrimination and verbal assaults and at times violence.

Hispanic veterans possibly might have been subjected to racial slurs or comments or some full-blown discrimination. It depends on which era we're talking about. And so it's important to, as we take a history, [00:18.00.00] to get to know what the experiences have been of this veteran. And we should ask them, just right out ask them, "Have you ever experienced bias or prejudice while serving in the military?"

Hispanic veterans often find themselves fighting their own cultural beliefs. For example, in the Latino culture men must appear strong and not weak [00:18.20.00] and women nurture the family. Many Hispanics are spiritual and value life, not killing. Cultural and religious belief systems may often conflict with the duty of war and its aftermath.

Hispanics I think have for a long time had a [00:18.40.00] real difficulty telling anyone that they had a problem that they couldn't handle on their own and found it not very macho to go to a mental health counselor or social worker, psychologist and literally bare their soul.

A [00:19.00.00] fourth front we must also keep in mind is each veteran's personal background, his or her life history. For example, veterans may have experienced physical or sexual abuse prior to their military service. Other considerations include whether the veteran has lived or is living in poverty or in crime-ridden areas. [00:19.20.00] These kind of experiences can have direct links to the veteran's experience of PTSD. And the final front, each veteran's combat or other traumatic military experiences. The result of trauma has left many veterans with a challenge, a challenge to manage his or her own war within, [00:19.40.00] post-traumatic stress disorder or PTSD.

I would wake up in the middle of the night, sometimes I was crying. Crying, [00:20.00.00] because I saw a lot of my friends get killed.

I really didn't know about PTSD. You know, I always knew something was wrong because, you know, just never felt like I fit in. [00:20.20.00]

Many veterans return from military service to continue an internal private war within. We know this group of symptoms as post-traumatic stress disorder, or PTSD. The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, and preceding editions, describe [00:20.40.00] the criteria. First, the individual must have experienced, witnessed or have been confronted with an event that involved actual or threatened death or serious injury or a threat to the physical integrity of self or others and the individual's response involved intense fear, [00:21.00.00] horror or helplessness. Second, the individual must also have episodes of re-experiencing the event in ways such as intrusive memories of the traumatic event, repeated dreams of the trauma, or physical reactions when exposed to reminders. A third criterion is [00:21.20.00] avoidance, such as efforts to avoid thoughts or feelings associated with trauma or efforts to avoid activities and places that are reminders of trauma. A fourth category of symptoms relates to increased arousal, for instance problems falling or staying asleep, problems concentrating and excessive [00:21.40.00] startle responses. And these symptoms need to occur for at least a month following the event. Extremely stressful or dramatic combat experiences include (walking point), firefights, being wounded, losing body parts or seeing a buddy severely injured or killed. Other traumatic [00:22.00.00] military stressors can include sexual assault and severe sexual harassment. However, not all stressful experiences and symptoms meet the criteria for PTSD. Many veterans with PTSD also suffer from psychiatric, behavioral and medical co-morbidities. Despite these [00:22.20.00] adversities Hispanic Americans are often the last to seek help from Veteran's Affairs medical centers and outpatient clinics or from Vet Centers. Many experts in PTSD treatment can be found at these locations. [00:22.40.00]

World War II veteran, Jesus, was part of the Blue Devils 88th Infantry, stationed in Italy during the war. He and his unit had to fight rough terrain and harsh conditions to provide medical services for the wounded.

In Italy, we had nothing but hills and [00:23.00.00] mountains and sometimes it would take eight hours of going downhill with a load of 200 or 250 pound man until we got to the bottom, a road where the ambulance could take them to further aid.

Jesus experienced heavy combat, artillery, [00:23.20.00] shelling and was also wounded.

I saw a lot of my buddies that were Mexican-American get killed just the same as the white person. In the military sometimes they—I heard them talking about us Mexicans, [00:23.40.00] Mexican Americans. And they used to sometimes talk to me jokingly, but they would say, "Hey Chicano," you know like that. And it would hurt me because we're American. [00:24.00.00] (some) American was born here.

Jesus has been married to [24:07] for 62 years, has ten children, 23 grandchildren and three great-grandchildren. For much of his life Jesus has carried his trauma inside. It is only since his return for treatment that he has begun [00:24.20.00] to open up about his combat experience as a medic.

[24:25] when I came out of the service. But then a year after it got a little bit worse. And I went to the Veteran's over there but they make me wait too long and I got discouraged, [00:24.40.00] you know, and I didn't go anymore. I used to hear a lot about the VA that they wouldn't help you and that they were against Mexicans and all that. Well, I found out it's not true. It's all together different. I love the VA now. [00:25.00.00]

It took Jesus more than 60 years to come back to the VA for treatment for his PTSD. After his retirement from work he began to have sleepless nights.

I would wake up in the middle of the night, sometimes I (would cry). [00:25.20.00] Crying because I saw a lot of my friends got killed or wounded. [00:25.40.00] So, I guess I couldn't take it. So that made me decide to go get help which I am getting still.

My mother probably has taken the brunt of it because she's with him constantly now. [00:26.00.00] He's retired now so she's always here. All of my brothers and sisters we're usually coming and going so I don't think we get as affected by it as she does.

When I was taking care of a man with a stomach that got cut, his intestines were coming out [00:26.20.00] [26:21] push them in like that with my hands. And then I grabbed him by that and put wire around it.

Sewed him up like [26:29]

Just a wire because I didn't have any, I didn't have any bandages.

For many years before treatment Jesus would not share his combat experiences or his emotional distress with his family. [00:26.40.00]

Did a medic ever have to take care of you?

Yeah.

I think it's probably hard for him to share because they were so hard to live through, a lot of that experience is just so hard to share. You don't want to tell somebody [00:27.00.00] how you had to pick somebody up after they were bleeding or burned. So, a lot of that he's just kept inside.

Now, Yvonne says her mother calls the VA staff her little angels for helping her husband deal with his PTSD. [00:27.20.00]

I think they're doing an excellent job on me. Because I don't have those nightmares that I used to have. I haven't had one in a long time. And I believe it's because of their help.

Jesus still [00:27.40.00] has a fond memory from World War II when the Americans finally freed Rome after 100 days of continuous fighting. He went to the Vatican and he was blessed by the Pope.

And when we got to the Pope us Catholics would kneel down [00:28.00.00] and kiss the ring on his left hand, (this one). And then he would bless you with his right, would put a cross (on the). He says, "I bless you, my son." I will never forget that. [00:28.20.00]

Jesus is a devout Catholic. However, be mindful not to stereotype. We cannot assume all Latino veterans are Catholic. We are each reminded to be aware of our own stereotypes, our own biases. Cultural competence [00:28.40.00] is a term and a perspective that has gained momentum lately. For providers it refers to working with culturally, racially and ethnically diverse people with an aim for mutual understanding and respect.

One of the issues for us mental health and medical providers is that sometimes we feel [00:29.00.00] that the veteran doesn't really want help. They come for one appointment and they seem to disappear. I would challenge you today and say that maybe it's because we haven't come across in a way that makes that Hispanic veteran feel like we really want them to continue, we really want them to come and follow through with their treatment. Part of that has to do with not knowing [00:29.20.00] the culture. So, if we want to improve the continuing care let's learn more about the culture.

I think when you're looking at Hispanic culture it's very essential to examine the isms. There's a few isms that one has to examine. I think the most primary one is familyism.

The family is very central to the Hispanic community. [00:29.40.00] The family is the center of the universe.

The second is spiritualism.

Sixty percent plus are Catholic and have been baptized, so they use Catholic religious ceremony together. The others who are not Catholic in some sense practice religion, practice ways to celebrate, [00:30.00.00] some religious form. There's a strong belief in God in almost all Hispanics.

Some Catholic veterans may have a fatalistic view, what is done is done, it is final. They feel they need to suffer and repent for killings they may have committed.

Praying for that victim, also saying masses [00:30.20.00] for the victim, saying rosary for the victim. So, it is like an obsession in a way. So, that would be considered maybe kind of abnormal in some other kind of culture. But it's fairly common in Hispanic culture.

Martinez calls the third personalism.

If it has to do with the face to face, [00:30.40.00] how you see it, the warmth and kindness that you can bring into that first session especially is so essential.

One of the major things that the veterans kept saying that when they walked in some place they go, "They wouldn't even find out, you know, who I was. They'd get my name and they'd get right into it." They would have liked to have been asked, "How are you? How are you doing? How's your family? [00:31.00.00] Do you have children?" I mean, it may take a few more minutes but it establishes a rapport that I think is critical to truly treating the patient and effectively treating them.

And try to understand kind of what they went through, if one can. And I think that's very critical that one be able to listen to and appreciate [00:31.20.00] the unique services that they've provided.

The last is machismo, or machoism.

A lot of times we have a misconception (of it). It's been very Americanized. And in the American eyes it looks like just hypermasculinity, whereas in the origins of the culture itself it had to do the way the male protects the family, [00:31.40.00] him being the bread, the income earner and the protector of the family.

They're very proud of their being men, and that men take certain things (within) war and that if you are a true man you're going to deal with it and not whine about it and not cry about it. [00:32.00.00]

Language is another important issue to keep in mind in treating Hispanic veterans.

Some Latinos are very, very fluent in Spanish. Others know it a little bit and mix with—you know the Spanglish, we call the English with the Spanish. Others just don't know it at all. And I think that that's very critical also to find out [00:32.20.00] if a person is comfortable speaking more in Spanish or in Spanglish.

There's also the bond of language. And that language is not there to confront English speakers. It's there because the language has a feeling and a sentiment hat allows a Hispanic person to [00:32.40.00] communicate, to be able to share an inner feeling that only these Spanish words convey.

If the veteran starts speaking in Spanish don't get worried that somehow he's trying to say something about the staff in a negative way. They're just trying to deal with some fears or address the stress [00:33.00.00] that they're feeling of being in a new place.

I never had any friends before and now I have true friends.

Efforts at all different levels of care are underway to outreach more to the Hispanic community. One such is the National Hispanic working Group, established by VA Readjustment Counseling Services. Its counseling centers, [00:33.20.00] also known as Vet Centers, are located in many communities.

The purpose of the Hispanic Working Group is to take a look at issues and concerns among Hispanic veterans, such as looking to developing research in the areas of needs. Taking a look at what particular services, [00:33.40.00] what approaches are needed, within a certain communities. Something that's very important is how to outreach to Hispanic populations. I believe that we can't stand back as the VA employees and expect people to come to us.

Congress established Vet Centers in 1979 [00:34.00.00] to provide readjustment counseling services to Vietnam veterans. They were housed in storefront locations in order to make counseling services more accessible and user friendly to veterans. [00:34.20.00] Vietnam veteran Rafael offers a unique perspective for providers. As a combat vet he received treatment through the VA for his PTSD. Then he became a social worker and went on to treat many veterans. The warmth of his VA provider moved him. [00:34.40.00]

That social worker was very influential, very humane, very touching and she made me feel welcome. So, that's when it clicked in my brain that, hey, if I can make it through college this is what I want to be.

For years, Rafael treated many Hispanic vets [00:35.00.00] and others for post-traumatic stress disorder. He knew their pain. His own trauma began on the battlefield.

And I dove into a foxhole, and that's—and then it hit me like shell shock or something and I couldn't move, I couldn't breathe. [00:35.20.00] I couldn't—I was just stuck there. It was like I was frozen. I thought I was going to die. It's the worst experience that I ever had in my life. After I got discharged from the hospital, I was there for 30 days, I went back out to the field and I couldn't function. I was totally—[00:35.40.00] I was [35:42] I was anxious, I was having panic attacks. I was jut a mess.

When he returned from the war his father, a former World War II vet, convinced him to go to the VA medical center. That began his healing and career to become a social worker. Because [00:36.00.00] he has treated so many combat vets, like himself, Rafael has some ideas for providers.

Spirituality I think is important, and language, and be a good listener, you know. but I think language is a key because language will tell you a lot of things. [00:36.20.00] The words that they use, the tones that they use. And (respecto), just be respectful and don't try to (hide) the fear with (brilliancy), with techniques or strategies, you know. That won't work. You have to, you know, you have to have your heart [00:36.40.00] in your hand and say, this is it, I'm here.

Rafael also recommends that providers recognize their own terrors and fears and to talk about them with supportive colleagues.

There's no one therapist that can do PTSD work. It has to be done by a team. [00:37.00.00]

The traumatic events can never be erased. But the symptoms of PTSD can be managed. In his own life, Rafael has faced the hardships of PTSD and its effects on his family.

My first marriage I was married for 25 years. [00:37.20.00] And then after that she just, she just said, "Enough is enough. I can't take all this numbness and this isolation that we don't understand." You know, so it was difficult for them. And it hurts.

Like our family's really close. And he just distanced himself and [00:37.40.00] does his own thing and likes to be alone and read books. And to me I think that's a problem and I think that's a sign of depression because he doesn't really like to talk about things unless you really force upon him or if he really trusts you to talk about it or even want to talk about it.

What about you, are you going to spend more time with him now [00:38.00.00] in the summer that you're home or?

I'm going to try to.

But lately, his daughters Monica and (Felina) have noticed a few changes in their dad and appreciate his hard work.

The changes that I've seen in my dad is that he's made more effort to build a strong relationship with me. And [00:38.20.00] so it's like basically that, he's making more effort to go to my softball games and just do family functions and go to dinner, just the little things that matter the most. He's putting more effort to it.

Because of his medical condition, Rafael has now retired from his therapy practice. He has heart [00:38.40.00] and liver problems and diabetes along with PTSD. He agrees that maybe the stress of PTSD contributed to his poor medical state. But even though he's retired, Rafael has retained his counseling knack. After many years, Rafael finally convinced his longtime war buddy, Bernie, to go for treatment. [00:39.00.00] Bernie credits his friend, Rafael, with saving his life.

He kept insisting that I come seek help. And for some reason I always had something against the VA hospital. They were slow or whatever, that was just my perception. [00:39.20.00] I—now I know different. They're real good. [laughs] I have been treated by everybody great.

Two war buddies, two very different stories. But one common thread is their friendship, their PTSD, and their treatment through the VA. [00:39.40.00]

I'm Dr. (Signs) how are you doing today?

I'm okay. Just been a little depressed lately. I don't know what's going on.

Oh yeah? How can we help you with that?

If you're a primary care doctor or other provider in the medical field, keep in mind that often a vet suffering from PTSD will come to you first. Normally, [00:40.00.00] a vet will come in with a physical complaint. So, to make him or her comfortable and to build rapport ask the veteran about his family. Ask how his work and life are going. Ask about whether he saw combat in the military. Small talk about what's important to the Hispanic veteran will build trust. [00:40.20.00]

Generally the complaints, most of the complaints that you see are patients associated with insomnia, sleep disorders, symptoms of depression, depressed mood, panic attacks, complications, difficulty breathing are some of the symptoms that you would see [00:40.40.00] in a lot of patients with PTSD. And a lot of patients that do have PTSD drink to medicate these symptoms.

Medical providers consider using the primary care PTSD screen as a routine trauma screen with all veterans. The screen [00:41.00.00] does not inquire about any specific trauma or any details of traumatic events. The series of four questions assist the provider in understanding which patients may be experiencing PTSD and may benefit from a mental health referral.

To bring up the mental health consultation with any patient is [00:41.20.00] difficult. And getting the patient to develop some insight into that is important and that's the very first step is to get them to recognize that they have a problem that they're struggling with and is affecting the way they function with their family and their work and their friends. [00:41.40.00]

Dr. (Sign) says he usually brings in a behavioral psychologist first to work with the patient. And if that doesn't work he calls in a psychiatrist. In PTSD treatment medications are often prescribed, and it's important to explain to the veteran how the medicines will work, possible side effects [00:42.00.00] and how long it will take to feel any changes.

Most Hispanic veterans they don't like to take medications. And they need to do a very good job educating the veteran regarding what the medication may do and how they work. They also are very concerned, in my experience, [00:42.20.00] Hispanic veterans are very concerned about side effects. One of the largest issues is also you are not only starting the medication but adhering to treatment. So, [42:30] so one of the important things is not only with medication but adherence to treatment, psychological treatment, as well.

Families are often critical in terms of actually helping the patient [00:42.40.00] comply with the treatment. It's important to have the veteran's family involved in knowing what medications the patient is taking and why. Families can help the veteran better understand and manage his or her symptoms. The problems from PTSD deeply affect how a veteran relates to his or her family and others. Consider [00:43.00.00] incorporating couples in family interventions and to each veteran's treatment plan.

It's very hard for the family to understand some things like for example the veteran avoiding relating to them or avoiding showing love to their kids or they seem distant [00:43.20.00] because they're trying not to remember things and not to have those feelings of closeness.

There might be some reluctance initially but I think it's really important to understand that it really is a family affair. It's children, it's wives, it's parents that are very involved in this whole process. [00:43.40.00]

For Latinos you must have the family somehow involved on the therapy and in the sessions that you have with the veteran.

When you're from East Los Angeles [00:44.00.00] people often stereotypically assume that you're part of a gang. But that's far from the way Gulf veteran Leandro grew up. Leandro was raised to follow in his family's proud tradition to serve the military and give back to the community.

My father was a fighter pilot in the Air Force, he was a captain. And then my brother [00:44.20.00] also served as a Marine, he was a sergeant. So, growing up we always grew up as though we were in the military.

Leandro soon learned that being a Marine was very different from what he had seen in the movies. He experienced heavy combat in Desert Storm and saw a deadly helicopter crash in training. [00:44.40.00]

Nineteen Marines were killed and we were the unit that went in and pulled them out of the helo. And that was, that was—I guess that was my first time experiencing death on a mass scale, which were our guys.

One time during Desert Storm a Scud missile [00:45.00.00] from Iraq barely missed his unit. Then U.S. forces responded with full force, artillery, air strikes and naval gunfire.

(they flew in low) over the positions there was just nothing left, they were gone. (I mean) close to 2,000, 2,500 men and tanks gone, bodies [00:45.20.00] everywhere, pieces everywhere, artillery everywhere. You're glad because it's them, the enemy's dead. But then when you look back you're like, hey, those were people down there.

Leandro also experienced some racial tension in the military, being Latino.

I don't know if it's different now, but I mean we would have [00:45.40.00] fights where it was blacks on one side, Hispanics on one side, whites on the other side. And as soon as you tell you're somebody from East Los Angeles, you know, you're classified as a gang member, and I wasn't. That hurt, that hurt sometimes, because you know we're supposed to be all of one color, we're all supposed to be green.

When Leandro came home from [00:46.00.00] Desert Storm his unit was the last one to come back. It was no welcoming parade, no homecoming and no sense of rejoining community. After a while he felt lonely and felt that something wasn't right inside. Back then he didn't know about PTSD. [00:46.20.00]

I couldn't really put my finger on it. I couldn't figure—put my finger on what I was angry at. You know. I'm really not angry at my ex-wife. I wasn't really angry at my son. I wasn't really angry at whoever I was around. It was just this anger kept building up.

Instead of seeking help he drank more because that's how he and his buddies [00:46.40.00] handled stress in the Marines. Last December, after a huge drinking binge Leandro called a sergeant for help. That sergeant told him to come to the East LA Vet Center where he joined a group.

My heart starts to beat and then I start to get sweaty. And that's when I start to respond to little things, they start to get me upset. [00:47.00.00]

They saved my life. Because they got me in touch with me again. And they got me back on the road of stopping drinking. I don't drink. I don't use. I talk about things, I go to counseling.

Leandro says that he is concerned that the VA is cutting back on services at a time when [00:47.20.00] more veterans need the care and will be coming home from war.

And if these services aren't here when these young men and women get back it can lead to another generation of going out and drinking and partying and just being lost.

Leandro is pleased that he found his way to the VA. His treatment for PTSD [00:47.40.00] has allowed him to renew relationships with his father.

And coming close to my family meant a lot to me because I got back into the family business.

In Mexico they have what are called [Spanish] which are lively marketplaces. Leandro and his dad [00:48.00.00] are now planning to open a new 21st century [Spanish] near East LA to help other minorities start new businesses.

It's not just a place where you go pick up your groceries and food. I mean (mercardo) is a place where you go socialize with your friends, to get entertainment, (it's restaurants). [00:48.20.00] And my father built something similar to that out here in East Los Angeles. I've got a new mission, you know. Come back to that guy that sees tomorrow, you know, that plans for tomorrow. You know I take it still day at a time, it's still a fight. Every day you get up, you know, you're happy you got up. [00:48.40.00] I say prayers twice a day now.

Each culture may have its own way of understanding and dealing with the symptoms of PTSD. Religious or cultural resources often provide for [00:49.00.00] alternatives to Western medicine. As providers you may be aware of some of these.

In the Hispanic culture there's a concept called [Spanish] which closely parallels the notion or the diagnosis of post-traumatic stress disorder. The [Spanish] [00:49.20.00] literally translated means past fear or past loss. And the meaning of [Spanish] is that the individual experiences some fright that their little soul runs and hides.

If one has ever been in combat or seen something very traumatic, [00:49.40.00] in Vietnam I know we called this a thousand yard stare. After an encounter, a traumatic incident, we look around and we would see folks that had that distant look, that detached look.

In Puerto Rico there's a syndrome called [Spanish] or attack of the nerves that closely resembles the panic symptoms that often accompany PTSD. [00:50.00.00]

They talk about having being very nervous, being very shaky, having heart palpitations, not being able to breathe, feel like that they were choking and essentially like a panic attack.

Western medicine has its advantages in the treatment of PTSD. However, [00:50.20.00] culturally based concepts and treatments can also be beneficial for the Latino veteran. It can also be important to some veterans that their providers validate or if needed help them reconnect to their cultural roots.

A lot of them do use herbs and [Spanish] to help [00:50.40.00] augment their Western treatments for their illnesses, and physicians need to be aware that it's difficult to gauge for drug interactions with a lot of the herbs that are used since a lot of them are homemade remedies rather than store-bought remedies. [00:51.00.00]

Many female and male veterans have PTSD but it goes undiagnosed. The main reasons for this are the veteran's lack of knowledge about PTSD and services available. Many have not shared details of their trauma or it's been overlooked. [00:51.20.00] Because the physical, emotional and psychological symptoms of PTSD are so distressing many veterans also develop depression. That's what happened to Patricia, a female Army veteran and mother of two.

And it got better. But I was still crying, really depressed. I mean [00:51.40.00] wanted to work all the time because I didn't want to spend time by myself.

Patricia went into the service right after high school. Just after she began her career in the Army she was sexually assaulted by a male officer she was dating.

I was supposed to go to my boyfriend to his friend's house for Thanksgiving dinner. [00:52.00.00] So, when we got there there was no Thanksgiving dinner. I mean didn't think anything of it. Then we started arguing about I don't know what. And then they both came in the room and did what they did. And after that I mean I, I wanted to go to the police but I thought it was, [00:52.20.00] you know, who's going to believe me? I mean who am I? I'm a private, you know, and here they are NCOs.

It took her several months to come forward and report it to police on base. When she finally went to authorities, she says, no one wanted to press charges.

We went to the police and the police told me that [00:52.40.00] it couldn't be rape because it wasn't done in an alley or a dumpster. so, they dropped my case. So, then I really felt I mean worthless because nobody was trying to help me.

Patricia eventually left the Army and went home. She says it was too hard being so close to the officer that raped her. [00:53.00.00] But even though she left and went back home the emotional pain continued. Her depression went on for eight years until a primary care doctor finally took note.

I came to the doctor for a checkup and she had, she had asked me if I was depressed. I told her yes, [00:53.20.00] I had had problems with depression before but they had never done anything about it. So, they sent me here to mental health. And here at mental health I had an appointment with one of the doctors and she asked me all kinds of questions. And I got evaluated and they told me I had PTSD, which [00:53.40.00] I mean I had to ask what PTSD was because I didn't even know what it was to begin with.

I don't feel like I do [53:47] like take them outside or go to the park or things that they want to do, but I just can't do it. And I feel ...

Patricia was diagnosed with PTSD and depression related to her sexual assault. That was over two years ago. And today, [00:54.00.00] Patricia is involved in a women's trauma group at the VA.

The treatment that I've received here at the VA has helped me a lot. It makes me—I stop and think before I react. I do try to, you know, when I get caught in traffic or something I get mad, I'm just like, okay, it's going to be all right, it's going to be all right. So, I've learned a lot. [00:54.20.00]

Patricia feels that in the past the VA has not always understood her needs, it was not user friendly to women.

I was waiting for my appointment and this lady nurse came and asked all the male veterans if they had got their flu shot. And she just ignored me. And I was like, "Excuse me," and I was sitting right there with them. [00:54.40.00] And she's like, "Are you a veteran?" I said, "Yes." She's like, "Oh, I'm sorry." But I mean it shouldn't have taken for me to say anything for her to acknowledge me. All she had to do was ask the question. If I wasn't a veteran I would have let her know.

And for being Hispanic, Patricia has faced prejudice in her day to day life. She told us about one incident that occurred [00:55.00.00] waiting for an appointment.

And this lady told me, "You Hispanic lady, get up, let me sit down." [laughs] I had to leave because—first of all, I don't know who she was. But I mean there was no reason for her to talk to me like that. So, I mean, yeah, I feel like because I'm Hispanic there's a lot of people that look down on me. [00:55.20.00] But I'm proud of being Hispanic.

[55:27] and those two are the legs.

That would be weird, it's like this.

I know.

Some days are still very difficult for Patricia being the single mother of Simone and (Kira).

Yep. [00:55.40.00]

Trying to be a good mother is very hard. I mean there's days when I don't even want to get out of the bed but I know I have to for them. They know there's something wrong with me. And they seem to understand, but there's times when they don't and I [00:56.00.00] don't know how to explain it to them.

Through her treatment Patricia is learning that she doesn't have to be perfect to still be a caring mother. She's also accepting herself more these days.

Without this treatment I don't think I'd be where I am now. I don't think I'd—actually without this treatment I don't think I'd be here today. [00:56.20.00]

Hear something about rape or

The sense that I have of women with trauma is that either there's two groups, one that will stay away from any sort of medical problems or physicians and others that will come in with somatic complaints like gastrointestinal [00:56.40.00] stuff that are expressions of their anxiety that's associated with the PTSD. The Hispanic female has been more of a caretaker, playing the caretaker role, in the culture and within the family. And so they may tend to continue to use that [00:57.00.00] caretaking role as an avoidant strategy.

And without this I think I would be in jail, lose my second wife ...

As you get to know your client's entire history you may need to bring up the issue of race-related stressors with both female and male veterans. You may want to ask questions such as, [00:57.20.00] "Being Hispanic, did you feel that you were treated differently in the military? Were you assigned duties that Anglo-Americans were not assigned? Were you ever singled out in some way because of your background or the color of your skin?" And then be prepared for what may open up. Latino-American veterans [00:57.40.00] have earned the right to VA services. Yet as we have been saying many choose not to come. We asked a group of Hispanic veterans how providers could better serve their needs.

When I first came here I was real—I wanted to be by myself. The doctor he followed me up in everything, [00:58.00.00] he wrote letters for me, and he would be patient with what I had to say. He would answer all my questions, he would check up on me. And this to me started building my confidence. They were there all the time so I started trusting in them completely because they followed all the way through with me. So that [00:58.20.00] I don't think I would be talking this much if it wasn't for them.

I've been going lately to [58:29] clinic, you know, and [58:34] young doctor there, you know. And he seems to treat us, you know, he seems to treat the [58:39] like anybody else. [00:58.40.00] You know just hey man, how you doing? How you feeling? And you know so [58:46] this young doctor, you know, he's pretty cool.

One thing that I believe that the VA should do is believe the veteran, whoever he is, go—when they go over there [00:59.00.00] for their appointment believe them what they are saying because they feel it, they're in pain or in the mind it's just not functioning like it used to be when before you went in the service [00:59.20.00] and you need help from them.

In the last 12 years I've had quite an experience dealing with the VA. Hadn't even looked at me, told me I was going to be needing a full-blown open knee surgery on my knees and that I had no damn business over in Iraq. And I was like, wait a minute, I'm here to get medical treatment. I'm not here to discuss something from the past.

We fought the fight [00:59.40.00] and we love the United States. So give us that respect, you know.

Try not to embarrass me in any way or make me feel degrade or uneducated. You know, but if you just be patient with me or [01:00.00.00] with other Latinos who have even a harder time explaining themselves they do need help, that's why they came in. But they got to find your—they got to trust you, get your trust. You have to really want to help them. Because if it's just a job for you it ain't going to work.

I think it's only fair, you know, not to want to ask [01:00.20.00] to be treated any different because of our race. I think they should treat us all equally straight across.

Exactly.

Just based on the fact that we're veterans.

Yeah.

You know, because to ask for, to ask for to be treated better because we're Hispanics would be wrong, you know. Don't treat me good just because it's under my skin. Should be good because of the type of the person that I am, you know. [01:00.40.00] I'm a Mexican by birth but American by choice.

Yeah.

So, today what we want to try to do is bridge between the Hispanic veteran, male and female, the VA providers both in mental health and in medicine, so that hopefully we can begin to understand and [01:01.00.00] communicate with each other so that these

Hispanic veterans will have a better access to care and get the services that they're entitled to.

Clinical experience and veterans' input suggests VA providers consider the following in their interactions and interventions with veterans. Latino American veterans have experienced [01:01.20.00] war on many fronts. Provide basic respect, sincerity and courtesy and a sense of hope. Ask questions and listen attentively and patiently to responses. Find out about the veteran's background especially regarding their family, [01:01.40.00] spiritual beliefs and attitudes toward racial issues. Ask about the veteran's military experiences, especially those that were traumatic. Learn about the veteran's culture. Consider implementing family, cultural, community or religious based interventions into [01:02.00.00] each veteran's treatment plan. Convey a sense of collaboration, both provider and veteran working together for a common goal, his treatment plan. Consider administering the primary care screen as a routine screen for possible PTSD and a mental health referral. And considering [01:02.20.00] implementing a number of treatment approaches, medical, behavioral, psychosocial and cultural for veterans diagnosed with PTSD. For all patriots who are still on the war front, we salute you. When we began our program I read a letter [01:02.40.00] written by a 19 year old Colombian immigrant, Diego Fernando (Ringon). Now, I want to read you the rest of that letter.

All this will come to pass. I believe God has a path for me. Whether I make it or not it's all part of the plan. [01:03.00.00] It can't be changed, only completed. Mother will be the last word I'll say. Your face will be the last picture that goes through my eyes. I'm not trying to scare you but it's reality. Maybe I just want someone [01:03.20.00] to know what goes through my head. It's probably good not keeping it inside. I just hope that you're proud of what I'm doing and have faith in my decisions. I will try hard and not give up. I just want to say sorry for anything I have ever done wrong [01:03.40.00] and I'm doing it for all of you. Mom, I love you.

Tragically shortly after writing this letter Diego died in a suicide car bombing in Iraq during Operation Iraqi Freedom. Diego, [01:04.00.00] like many other patriots before him, will not make it home. But for those who do come home from any war they carry the horrors of war inside. We must strive to ensure they receive the best possible care. We cannot change the past but we [01:04.20.00] can become more aware of it. We can become aware of the many issues facing our Latino-American veterans in their attempts to manage their trauma. In understanding we can help bridge the gap from trauma to helping our veterans learn to live again. [01:04.40.00]

[end of audio]